

04/11/01  
JC984 U.S. PTO

04-12-01

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. \_\_\_\_\_

First Inventor \_\_\_\_\_

Title \_\_\_\_\_

Express Mail Label No. \_\_\_\_\_

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **15**]
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets **4** ]
5. Oath or Declaration [ Total Pages **1** ]
- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of (when there is an assignee)  Attorney
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or  Correspondence address below

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|-------------------|-----------------|-----------------------------------|----------------|
| Name (Print/Type) | David Wuchinich | Registration No. (Attorney/Agent) |                |
| Signature         | David Wuchinich |                                   | Date 4/11/2001 |

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 355)

## Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

| METHOD OF PAYMENT  |                               | FEE CALCULATION (continued)   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
|--|-------------------------------|---|---|-------------------|--|--|--|-------------------------------|-------------------------------|-----------------|--------------|---------|--|--------------------|--|--|--------------------|-----|---|-------------------|-----|-----|-------------------------------|-----|-------|-----|---|-----|------|-----|---|-------------------|--------|-----|--|-----|-----|-----|---|-----|-----|-----|---|-----|-----|-----|--|-----|-------|-----|---|-----|-------|-----|--|-----|-----|-----|----------------------|-----|-----|-----|--|-----|-----|-----|------------------------------|-----|-------|-----|---|-----|-----|-----|-------------------------------------|-----|-------|-----|--|-----|-------|-----|------------------------------------|-----|-----|-----|----------------------|-----|-----|-----|---------------------|-----|-----|-----|-----------------------------------|-----|----|-----|--|-----|-----|-----|---|-----|----|-----|---|-----|-----|-----|---|-----|-----|-----|--|-----|-----|-----|---|-----|-----|-----|---|---------------------------|--|--|--|-------------------|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <input type="text"/><br><br>Deposit Account Name <input type="text"/><br><br><input type="checkbox"/> Charge Any Additional Fee Required<br>Under 37 CFR 1.16 and 1.17<br><br><input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27   |                               | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code (\$)</th> <th>Small Entity<br/>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65 Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25 Surcharge - late provisional filing fee or cover sheet</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130 Non-English specification</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520 For filing a request for ex parte reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920* Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840* Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55 Extension for reply within first month</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195 Extension for reply within second month</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445 Extension for reply within third month</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695 Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945 Extension for reply within fifth month</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155 Notice of Appeal</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155 Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135 Request for oral hearing</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510 Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55 Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620 Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620 Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220 Design issue fee</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300 Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130 Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50 Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180 Submission of Information Disclosure Stmt</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40 Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355 Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355 For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355 Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900 Request for expedited examination of a design application</td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$)</td></tr> </tbody> </table> |   |                   |  |  |  | Large Entity<br>Fee Code (\$) | Small Entity<br>Fee Code (\$) | Fee Description | Fee Paid     | 105     | 130  | 205                | 65 Surcharge - late filing fee or oath | 127  | 50                 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | 139               | 130 | 139 | 130 Non-English specification | 147 | 2,520 | 147 | 2,520 For filing a request for ex parte reexamination | 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | 113               | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | 115 | 110 | 215 | 55 Extension for reply within first month | 116 | 390 | 216 | 195 Extension for reply within second month | 117 | 890 | 217 | 445 Extension for reply within third month | 118 | 1,390 | 218 | 695 Extension for reply within fourth month | 128 | 1,890 | 228 | 945 Extension for reply within fifth month | 119 | 310 | 219 | 155 Notice of Appeal | 120 | 310 | 220 | 155 Filing a brief in support of an appeal | 121 | 270 | 221 | 135 Request for oral hearing | 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | 140 | 110 | 240 | 55 Petition to revive - unavoidable | 141 | 1,240 | 241 | 620 Petition to revive - unintentional | 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) | 143 | 440 | 243 | 220 Design issue fee | 144 | 600 | 244 | 300 Plant issue fee | 122 | 130 | 122 | 130 Petitions to the Commissioner | 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) | 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) | 179 | 710 | 279 | 355 Request for Continued Examination (RCE) | 169 | 900 | 169 | 900 Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$) |  |
| Large Entity<br>Fee Code (\$)  | Small Entity<br>Fee Code (\$) | Fee Description   | Fee Paid  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 105  | 130                           | 205   | 65 Surcharge - late filing fee or oath  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 127  | 50                            | 227   | 25 Surcharge - late provisional filing fee or cover sheet                     |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 139  | 130                           | 139   | 130 Non-English specification   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 147  | 2,520                         | 147   | 2,520 For filing a request for ex parte reexamination                         |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 112  | 920*                          | 112   | 920* Requesting publication of SIR prior to Examiner action                   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 113  | 1,840*                        | 113   | 1,840* Requesting publication of SIR after Examiner action                    |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 115  | 110                           | 215   | 55 Extension for reply within first month                                     |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 116  | 390                           | 216   | 195 Extension for reply within second month                                   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 117  | 890                           | 217   | 445 Extension for reply within third month                                    |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 118  | 1,390                         | 218   | 695 Extension for reply within fourth month                                   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 128  | 1,890                         | 228   | 945 Extension for reply within fifth month                                    |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 119  | 310                           | 219   | 155 Notice of Appeal  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 120  | 310                           | 220   | 155 Filing a brief in support of an appeal                                    |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 121  | 270                           | 221   | 135 Request for oral hearing  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 138  | 1,510                         | 138   | 1,510 Petition to institute a public use proceeding                           |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 140  | 110                           | 240   | 55 Petition to revive - unavoidable   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 141  | 1,240                         | 241   | 620 Petition to revive - unintentional  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 142  | 1,240                         | 242   | 620 Utility issue fee (or reissue)  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 143  | 440                           | 243   | 220 Design issue fee  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 144  | 600                           | 244   | 300 Plant issue fee   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 122  | 130                           | 122   | 130 Petitions to the Commissioner   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 123  | 50                            | 123   | 50 Processing fee under 37 CFR 1.17(q)  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 126  | 180                           | 126   | 180 Submission of Information Disclosure Stmt                                 |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 581  | 40                            | 581   | 40 Recording each patent assignment per property (times number of properties) |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 146  | 710                           | 246   | 355 Filing a submission after final rejection (37 CFR § 1.129(a))             |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 149  | 710                           | 249   | 355 For each additional invention to be examined (37 CFR § 1.129(b))          |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 179  | 710                           | 279   | 355 Request for Continued Examination (RCE)                                   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 169  | 900                           | 169   | 900 Request for expedited examination of a design application                 |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Other fee (specify) _____  |                               |   |   | SUBTOTAL (3) (\$) |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                               |   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| FEE CALCULATION  |                               |   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code (\$)</th> <th>Small Entity<br/>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355 Utility filing fee</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160 Design filing fee</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245 Plant filing fee</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355 Reissue filing fee</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75 Provisional filing fee</td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$)</td></tr> </tbody> </table> |                               |   |   |                   |  |  |  | Large Entity<br>Fee Code (\$) | Small Entity<br>Fee Code (\$) | Fee Description | Fee Paid     | 101     | 710  | 201                | 355 Utility filing fee                 | 106  | 320                | 206 | 160 Design filing fee                                     | 107               | 490 | 207 | 245 Plant filing fee          | 108 | 710   | 208 | 355 Reissue filing fee                                | 114 | 150  | 214 | 75 Provisional filing fee                                   | SUBTOTAL (1) (\$) |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Large Entity<br>Fee Code (\$)  | Small Entity<br>Fee Code (\$) | Fee Description   | Fee Paid  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 101  | 710                           | 201   | 355 Utility filing fee  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 106  | 320                           | 206   | 160 Design filing fee   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 107  | 490                           | 207   | 245 Plant filing fee  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 108  | 710                           | 208   | 355 Reissue filing fee  |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 114  | 150                           | 214   | 75 Provisional filing fee   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| SUBTOTAL (1) (\$)  |                               |   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from<br/>below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>-20** =</td><td><input type="text"/> X <input type="text"/> = <input type="text"/></td></tr> <tr><td>Independent Claims</td><td>-3** =</td><td><input type="text"/> X <input type="text"/> = <input type="text"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="text"/> = <input type="text"/></td></tr> <tr><td colspan="3">SUBTOTAL (2) (\$)</td></tr> </tbody> </table>  |                               |   |   |                   |  |  |  | Extra Claims                  | Fee from<br>below             | Fee Paid        | Total Claims | -20** = | <input type="text"/> X <input type="text"/> = <input type="text"/> | Independent Claims | -3** =                                 | <input type="text"/> X <input type="text"/> = <input type="text"/> | Multiple Dependent |     | <input type="text"/> = <input type="text"/>               | SUBTOTAL (2) (\$) |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Extra Claims   | Fee from<br>below             | Fee Paid  |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Total Claims   | -20** =                       | <input type="text"/> X <input type="text"/> = <input type="text"/>  |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Independent Claims   | -3** =                        | <input type="text"/> X <input type="text"/> = <input type="text"/>  |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| Multiple Dependent   |                               | <input type="text"/> = <input type="text"/>   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| SUBTOTAL (2) (\$)  |                               |   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| *or number previously paid, if greater; For Reissues, see above  |                               |   |   |                   |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |
| *Reduced by Basic Filing Fee Paid  |                               |   |   | SUBTOTAL (3) (\$) |  |  |  |                               |                               |                 |              |         |  |                    |  |  |                    |     |   |                   |     |     |                               |     |       |     |   |     |      |     |   |                   |        |     |  |     |     |     |   |     |     |     |   |     |     |     |  |     |       |     |   |     |       |     |  |     |     |     |                      |     |     |     |  |     |     |     |                              |     |       |     |   |     |     |     |                                     |     |       |     |  |     |       |     |                                    |     |     |     |                      |     |     |     |                     |     |     |     |                                   |     |    |     |  |     |     |     |   |     |    |     |   |     |     |     |   |     |     |     |  |     |     |     |   |     |     |     |   |                           |  |  |  |                   |  |

## SUBMITTED BY

Complete (if applicable)

|                   |                        |                                      |                     |
|-------------------|------------------------|--------------------------------------|---------------------|
| Name (Print/Type) | <i>David Wuchinich</i> | Registration No.<br>(Attorney/Agent) | <i>914 966 8825</i> |
| Signature         | <i>David Wuchinich</i> | Date                                 | <i>4/11/2001</i>    |

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## Inventor

David Auckridge